

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 29. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

QUALIFIED MEDICARE BENEFICIARY (QMB)

PREAMBLE

- 1. Sections Affected**
R9-29-101
- Rulemaking Action**
Amend
- 2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: A.R.S. § 36-2971
Implementing statute: Laws 2001, Chapter 344
- 3. The effective date of the rules:**
October 1, 2001
- 4. A list of all previous notices appearing in the Register addressing the exempt rule:**
Notice of Rulemaking Docket Opening: Volume 7 A.A.R 2660, June 22, 2001
Notice of Public Meeting on Open Rulemaking Docket: 7 A.A.R. 2960, July 6, 2001
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Cheri Tomlinson, Federal and State Policy Administrator
Address: AHCCCS, Office of Policy Analysis and Coordination
801 E. Jefferson, Mail Drop 4200
Phoenix, AZ 85034
Telephone: (602) 417-4198
- 6. An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**
AHCCCS is amending the Qualified Medicare Beneficiary rules to implement Proposition 204 under A.R.S. § 36-2901 (Laws 2001, Ch. 344). Proposition 204 gives AHCCCS the authority to streamline and simplify eligibility. AHCCCS is exempt from the rulemaking requirements under Title 41, Chapter 6, of the Arizona Revised Statutes under Laws 2001, Ch. 344, § 113.
- 7. A reference to any study that the agency relied on in its evaluation of or justification for the rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**
Not applicable
- 8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
- 9. The summary of the economic, small business, and consumer impact:**
Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Not applicable

A summary of the principal comments and the agency response to them:

No comments were received.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously adopted as an emergency rule? If so, please indicate the Register citation:

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 29. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
QUALIFIED MEDICARE BENEFICIARY (QMB)**

ARTICLE 1. DEFINITIONS

Section

R9-29-101. Location of Definitions

ARTICLE 1. DEFINITIONS

R9-29-101. Location of Definitions

A. Location of definitions. Definitions applicable to Chapter 29 are found in the following:

Definition	Section or Citation
"1st-party liability"	R9-22-110
"3rd-party"	R9-22-110
"3rd-party liability"	R9-22-110
"AHCCCS"	R9-22-101
"ALTCS"	A.R.S. § 36-2932
"CFR"	R9-29-101
"Contractor"	R9-22-101 A.R.S. § 36-2971
"Director"	R9-22-101
"Dual eligible"	A.R.S. § 36-2971
"Enrollment"	R9-22-117
"First-party liability"	R9-22-110
"Grievance"	R9-22-108
"Hearing"	R9-22-108
"Program contractor"	A.R.S. § 36-2971
"QMB-only"	R9-29-101
"Third-party"	R9-22-110
"Third-party liability"	R9-22-110

B. General definitions. The following words and phrases, in addition to definitions contained in A.R.S. § 36-2971, have the following meanings unless the context of the Chapter explicitly requires another meaning:

- ~~"1st-party liability" is defined in 9 A.A.C. 22, Article 1.~~
- ~~"3rd-party" is defined in 9 A.A.C. 22, Article 1.~~
- ~~"3rd-party liability" is defined in 9 A.A.C. 22, Article 1.~~
- "AHCCCS" is defined in 9 A.A.C. 22, Article 1.
- "ALTCS" means the Arizona Long-Term Care System as authorized by A.R.S. § 36-2931 et seq.
- "CFR" means the Code of Federal Regulations.
- ~~"Contractor" is defined in 9 A.A.C. 22, Article 1.~~
- "Director" is defined in 9 A.A.C. 22, Article 1.
- "Dual eligible" is defined in A.R.S. § 36-2971.

“Enrollment” is defined in 9 A.A.C. 22, Article 1.

“Grievance” is defined in 9 A.A.C. 22, Article 1.

“Hearing” is defined in 9 A.A.C. 22, Article 1.

“Program contractor” is defined in A.R.S. § 36-2971.

“QMB-only” means Qualified Medicare Beneficiary only and ~~is defined in A.R.S. § 36-2971.~~

“Third-party” is defined in 9 A.A.C. 22, Article 1.

“Third-party liability” is defined in 9 A.A.C. 22, Article 1.